

Indiana Attorney General's Office
UNCLAIMED PROPERTY DIVISION
402 W. Washington Street, Fifth Floor
Indianapolis, IN 46204
317-232-6348
SAFE DEPOSIT BOX REPORT

Reporting Institution (Holder)

Address

City, State, Zip

Contact Person, Telephone Number

Federal Identification Number (FEIN)

Box #: _____

Date Abandoned: _____

Box Owner Name(s)

Box Owner Social Security Number

Box Owner Address

Box Owner City, State, Zip

Notice is hereby given that the undersigned intends to hold a lien against the contents of the safe deposit box described above, escheated to the Indiana Attorney General's Unclaimed Property Division in accordance with IC 31-9-1.5-1 et. seq., in the amount of \$_____.

RELEASE

In consideration of \$_____, the receipt whereof is acknowledged, the undersigned releases and discharges _____ and his/her/it's successors from said lien against the contents of the safe deposit box described above.

Signature

Date